

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 05D0618601	(X3) Date Survey Completed 10/01/2025
Name of Provider or Supplier Surprise Valley Health Care	Street Address, City, State 741 Main St, Cedarville, CA	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

(X4) ID Prefix Tag	Summary Statement of Deficiencies
D2109	<p>TOXICOLOGY CFR(s): 493.845(a)</p> <p>(a) Failure to attain a score of at least 80 percent of acceptable responses for each analyte in each testing event is unsatisfactory analyte performance for the testing event.</p> <p>This STANDARD is not met as evidenced by: Based on review of the laboratory's proficiency testing (PT) records, and interview with the Technical Supervisor (TS) on October 1, 2025, it was determined that the laboratory failed to attain a score of at least 80 percent of acceptable responses for PT testing for each analyte for the specialty toxicology in the first event of 2025. The findings included: 1. It was the practice of the laboratory to perform moderate complexity testing in the specialty of toxicology and the laboratory enrolled in the American Proficiency Institute (API) proficiency testing (PT) program for toxicology using the Vitros 3400 Analyzer. 2. According to the API evaluation report, the laboratory received unsatisfactory scores of 60% for Acetaminophen and Salicylate during the first event of 2025. 3. October 1, 2025, at approximately 12:00 pm, the TS confirmed that the laboratory received the above unsatisfactory proficiency scores. 4. The laboratory's testing declaration form, signed by the laboratory director on September 11, 2025, stated that the laboratory performed approximately 131 toxicology tests annually.</p>
D6102	<p>LABORATORY DIRECTOR RESPONSIBILITIES CFR(s): 493.1445(e)(12)</p> <p>(e)(12) Ensure that prior to testing patients specimens, all personnel have the appropriate education and experience, receive the appropriate training for the type and complexity of the services offered, and have demonstrated that they can perform all testing operations reliably to provide and report accurate results;</p>

This STANDARD is not met as evidenced by:

Based on the review of personnel competency assessment records and the interview with the Technical Supervisor (TS) on October 1, 2025, the laboratory director failed to ensure that Testing Personnel (TP) received adequate training or demonstrated their ability to perform all testing operations reliably to provide and report accurate results. The findings included: 1. It was the practice of the laboratory to perform general immunology, chemistry and hematology testing. The Technical Supervisor served as General Supervisor and Testing Personnel. 2. On October 1, 2025, at approximately 12:15 pm, the TS confirmed that the laboratory director did not sign his competency assessments for the past two years. 3. The laboratory's testing declaration form, signed by the laboratory director on September 11, 2025, stated that the laboratory performed approximately 14,634 tests annually.